

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Kentuckians For Strong Leadership

ADDRESS (number and street)

P.O. Box 7895

☐ Check if different than previously reported. (ACC)

Louisville

KY

40257

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00543256

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☒ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Caleb Crosby

Signature of Treasurer

Caleb Crosby

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Kentuckians For Strong Leadership

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
05		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2014</div>		<div>861328.52</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>1444557.60</div>	
(c) Total Receipts (from Line 19) .....	<div>423735.00</div>	<div>1388035.00</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>1868292.60</div>	<div>2249363.52</div>
7. Total Disbursements (from Line 31).....	<div>1289708.63</div>	<div>1670779.55</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>578583.97</div>	<div>578583.97</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Kentuckians For Strong Leadership

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
05 / 01 / 2014

To:

M M / D D / Y Y Y Y  
06 / 30 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

423700.00

1388000.00

(ii) Unitemized .....

35.00

35.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

423735.00

1388035.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

423735.00

1388035.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

423735.00

1388035.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

423735.00

1388035.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	93015.38	321482.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	93015.38	321482.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	1196693.25	1349296.98
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1289708.63	1670779.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1289708.63	1670779.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	423735.00	1388035.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	423735.00	1388035.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	93015.38	321482.57
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	93015.38	321482.57

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Kentuckians For Strong Leadership**

Full Name (Last, First, Middle Initial)

**A. JOHN W. CHILDS**

Mailing Address 165 SAGO PALM ROAD

City

VERO BEACH

State

FL

Zip Code

32963-3702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J.W. CHILDS ASSOCIATES

Occupation

CHAIRMAN & C.E.O.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40000.00

Date of Receipt

05 / 09 / 2014

**Transaction ID : SA11.161**

Amount of Each Receipt this Period

40000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. SAM FOX**

Mailing Address 7701 FORSYTH BOULEVARD  
SUITE 600

City

ST. LOUIS

State

MO

Zip Code

63105-1875

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE HARBOUR GROUP

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

05 / 09 / 2014

**Transaction ID : SA11.162**

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MICHAEL M. KASSEN**

Mailing Address 315 NORTH AVENUE

City

WESTPORT

State

CT

Zip Code

06880-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

05 / 09 / 2014

**Transaction ID : SA11.165**

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

155000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Kentuckians For Strong Leadership**

Full Name (Last, First, Middle Initial)

**A. MICHAEL J. LEFFELL**

Mailing Address 35 SHELDRAKE ROAD

City  
SCARSDALE

State Zip Code  
NY 10583-3409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DAVIDSON KEMPNER CAPITAL MANAGEMEN

Occupation

PRINCIPAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11.164

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. LIEF D. ROSENBLAT**

Mailing Address 160 EAST 72ND STREET  
7TH FLOOR

City  
NEW YORK

State Zip Code  
NY 10021-4357

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SATELLITE ASSET MANAGEMENT

Occupation

CO-FOUNDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11.163

Amount of Each Receipt this Period

4800.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. ALAN DREEBEN**

Mailing Address 6511 TRI-COUNTY PARKWAY

City  
SCHERTZ

State Zip Code  
TX 78154-3219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARTNER/DIRECTOR

Occupation

REPUBLICAN NATIONAL DISTRICT COMMIT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11.168

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

19800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Kentuckians For Strong Leadership**

Full Name (Last, First, Middle Initial)

**A. JAMES B. NICHOLSON**

Mailing Address 10900 HARPER AVENUE

City  
DETROIT

State Zip Code  
MI 48213-3364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PVS CHEMICALS, INC.

Occupation  
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : SA11.169**

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. DAVID COHEN**

Mailing Address 1000 SOUTH OCEAN BOULEVARD  
UNIT 1501

City  
BOCA RATON

State Zip Code  
FL 33432-7616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
IRIDIAN ASSET MANAGEMENT, LLC

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2014

**Transaction ID : SA11.171**

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C. MARILYN WARE**

Mailing Address 210 UNIVERSITY BOULEVARD  
SUITE 410

City  
DENVER

State Zip Code  
CO 80206-4618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 02 / 2014

**Transaction ID : SA11.179**

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

60000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 9 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Kentuckians For Strong Leadership**

Full Name (Last, First, Middle Initial)

## **A. HOWARD HOLDINGS, INC.**

Mailing Address 735 BROAD STREET  
SUITE 1108

City State Zip Code  
CHATTANOOGA TN 37402-2935

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

06 / 02 / 2014

**Transaction ID : SA11.180**

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. MICHAEL C. ARONSTEIN**

Mailing Address 3 PURCHASE LANE

City State Zip Code  
RYE NY 10580-1816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

MARKET FIELD ASSET MANAGEMENT

FUND MANAGER/PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

06 / 13 / 2014

**Transaction ID : SA11.186**

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. DEBORAH L. PETRINE**

Mailing Address P.O. BOX 639

City State Zip Code  
HARDY VA 24101-0639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

COMMONWEALTH CARE

CHIEF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

06 / 13 / 2014

**Transaction ID : SA11.185**

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

85000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 23

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Kentuckians For Strong Leadership**

Full Name (Last, First, Middle Initial)

## **A. ED BOSARGE**

Mailing Address 4203 YOAKUM BLVD.SUITE 200

City  
HOUSTON

State  
TX

Zip Code  
77006-5455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAPITAL TECHNOLOGIES, INC.

Occupation  
BUSINESSMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

06 / 16 / 2014

**Transaction ID : SA11.188**

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **B. OLESSIA KANTOR**

Mailing Address 230 WEST 56TH STREET  
APT 65AD

City  
NEW YORK

State  
NY

Zip Code  
10019-4306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : SA11.192**

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

## **C. JOHN C. LECHLEITER**

Mailing Address ONE NORTH ILLINOIS  
RESIDENCE 2302

City  
INDIANAPOLIS

State  
IN

Zip Code  
46204-1945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ELI LILLY

Occupation  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

06 / 30 / 2014

**Transaction ID : SA11.190**

Amount of Each Receipt this Period

35000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

70000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 23  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Kentuckians For Strong Leadership**

Full Name (Last, First, Middle Initial)

**A. ALEXANDER SHUSTOROVICH**

Mailing Address 201 EAST 42ND STREET

City

NEW YORK

State

NY

Zip Code

10017-5704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IMG ARTISTS, LLC

Occupation

CO-CHAIRMAN & CO-OWNER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

23900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11.189**

Amount of Each Receipt this Period

23900.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**B. H.J.K., LLC**

Mailing Address 101 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2014

**Transaction ID : SA11.191**

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

33900.00

423700.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Kentuckians For Strong Leadership

**A. CFC CONSULTING INC**

Date of Disbursement

Transaction ID : SB21B.I225

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1500.00

**B. D MOSS & COMPANY LLC**

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I226

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

7500.00

**C. DEEP ROOT ANALYTICS LLC**

Date of Disbursement



Transaction ID : SB21B.I228

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

20000.00

29000.00

[illegible]

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Kentuckians For Strong Leadership

### A. MERE LLC

City	State	Zip Code
AMES	IA	50010

## Purpose of Disbursement

### WEBSITE DEVELOPMENT

Category/  
Type

50.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

## B. PNC BANK

City	State	Zip Code
KALAMAZOO	MI	49009

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Category/  
Type

2303.90

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

### C. CMDI

City	State	Zip Code
TYSONS CORNER	VA	22182

Transaction ID : SB21B.I242

## Purpose of Disbursement

### DATABASE MANAGEMENT

Candidate Name

Category/  
Type

375.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....

2353.90

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 23

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**Kentuckians For Strong Leadership**

Full Name (Last, First, Middle Initial)

**A. US AIRWAYS**

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE      State AZ      Zip Code 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2014
**Transaction ID : SB21B.I245**

Amount of Each Disbursement this Period

15.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. WIDGETMAKR**

Mailing Address 1593 SPRING HILL ROAD, STE 400

City TYSONS CORNER      State VA      Zip Code 22182

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 01 / 2014
**Transaction ID : SB21B.I246**

Amount of Each Disbursement this Period

1875.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX      State AZ      Zip Code 85072

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary   ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 05 / 2014
**Transaction ID : SB21B.I219**

Amount of Each Disbursement this Period

707.50

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

707.50

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Kentuckians For Strong Leadership

#### A. MERCHANT E-SOLUTIONS

Date of Disbursement

Transaction ID : SB21B.I232

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

55.22

**B. D MOSS & COMPANY LLC**

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I227

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

7500.00

### C. RUNSWITCH LLC

Date of Disbursement

M M / D D / Y Y Y Y  
05 08 2014

Transaction ID : SB21B.I239

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

5000.00

12555.22

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## Kentuckians For Strong Leadership

### A. ARCHIMEDIA

Date of Disbursement

Three date pickers are shown, each with a label above it: 'MM', 'DD', and 'YYYY'. The first picker shows '05', the second shows '15', and the third shows '2014'. Each picker has a grid of numbers or letters above the input field.

Transaction ID : SB21B.I221

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

7500.00

## B. ATCHLEY & ASSOCIATES

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.I223

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

563.00

**C. HOLTZMAN VOGEL JOSEFIAK PLLC**

Date of Disbursement

05 / 22 / 2014

Transaction ID : SB21B.I229

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

306.25

**SUBTOTAL** of Disbursements This Page (optional).....

8369.25

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 23

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Kentuckians For Strong Leadership**

Full Name (Last, First, Middle Initial)

**A. INTEGRATED CAMPAIGN SOLUTIONS LLC**

Mailing Address 526 DAROCO AVENUE

City CORAL GABLES      State FL      Zip Code 33146

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05      22      2014
**Transaction ID : SB21B.I230**

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

**B. MERCHANT E-SOLUTIONS**

Mailing Address 3600 BRIDGE PKWY, STE 102

City REDWOOD CITY      State CA      Zip Code 94065

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06      03      2014
**Transaction ID : SB21B.I233**

Amount of Each Disbursement this Period

58.37

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P.O. BOX 53852

City PHOENIX      State AZ      Zip Code 85072

Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06      05      2014
**Transaction ID : SB21B.I220**

Amount of Each Disbursement this Period

141.50

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7699.87

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Kentuckians For Strong Leadership**

Full Name (Last, First, Middle Initial)

**A. INTEGRATED CAMPAIGN SOLUTIONS LLC**

Mailing Address 526 DAROCO AVENUE

City	State	Zip Code
CORAL GABLES	FL	33146

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

**Transaction ID : SB21B.I231**

Amount of Each Disbursement this Period

8853.27
---------

Full Name (Last, First, Middle Initial)

**B. MERE LLC**

Mailing Address 208 5TH STREET, STE 201

City	State	Zip Code
AMES	IA	50010

Purpose of Disbursement  
WEBSITE DEVELOPMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

**Transaction ID : SB21B.I235**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**C. PNC BANK**

Mailing Address ONE FINANCIAL PARKWAY

City	State	Zip Code
KALAMAZOO	MI	49009

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMO ENTRIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2014

**Transaction ID : SB21B.I237**

Amount of Each Disbursement this Period

737.88
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9641.15
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 23

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**Kentuckians For Strong Leadership**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD, STE 400

City TYSONS CORNER      State VA      Zip Code 22182

Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2014
**Transaction ID : SB21B.I247**

Amount of Each Disbursement this Period

375.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. US AIRWAYS**

Mailing Address 111 W. RIO SALADO PKWY

City TEMPE      State AZ      Zip Code 85281

Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2014
**Transaction ID : SB21B.I252**

Amount of Each Disbursement this Period

218.50

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. RUNSWITCH LLC**

Mailing Address 6000 BROWNSBORO PARK BLVD, UNIT F

City LOUISVILLE      State KY      Zip Code 40207

Purpose of Disbursement  
CONSULTING, COMMUNICATIONS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 05 / 2014
**Transaction ID : SB21B.I240**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00



Full Name of Payee <b>DMM MEDIA</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>05 / 09 / 2014</div> </div>	
Mailing Address 1911 N. FORT MYER DRIVE, STE 400		Amount <div> <div>MM / DD / YYYY</div> <div>16323.20</div> </div>	
City ARLINGTON	State VA	Zip Code 22209	<b>Transaction ID : SE4</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>05 / 09 / 2014</div> </div>
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 05/09/14		Category/ Type <div> <div>MM / DD / YYYY</div> </div>	
Name of Federal Candidate ALISON LUNDERGAN GRIMES		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>MM / DD / YYYY</div> <div>1349296.98</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	568512.96
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CALEB CROSBY

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 22 OF 23  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Kentuckians For Strong Leadership</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00543256		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee <b>MAIN STREET MEDIA GROUP</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address P.O. BOX 25093			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">539748.43</div>		
City ALEXANDRIA		State VA	Zip Code 25093		Transaction ID : SE2
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 05/21/14		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">19</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate ALISON LUNDERGAN GRIMES			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1349296.98</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>DMM MEDIA</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 1911 N. FORT MYER DRIVE, STE 400			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21213.94</div>		
City ARLINGTON		State VA	Zip Code 22209		Transaction ID : SE5
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 05/21/14		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate ALISON LUNDERGAN GRIMES			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1349296.98</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">560962.37</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CALEB CROSBY _____ Signature			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">07</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 23 OF 23  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Kentuckians For Strong Leadership</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00543256       </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee <b>MAIN STREET MEDIA GROUP</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 03 / 2014</div>		
Mailing Address P.O. BOX 25093			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">67217.92</div>		
City ALEXANDRIA		State VA	Zip Code 25093		<b>Transaction ID : SE3</b> Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 02 / 2014</div>
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 06/03/14		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Name of Federal Candidate ALISON LUNDERGAN GRIMES			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: KY		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
City		State	Zip Code		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;">67217.92</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1196693.25</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>CALEB CROSBY</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">07 / 15 / 2014</div>		

[Electronically Filed]